3 Years

WELL CHILD VISIT

Revised March 2012

Name	BIRTH DATE	AGE ❑M ❑F	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE

ID NUMBER	CURRENT MEDICATIONS	DRUG ALLERGIES
	See other side for current medication list	

WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE: ❑<5% (under) ❑5-84% (healthy) ❑85-94% (over) ❑95-98% (obese) ❑≥99% (obese)	BLOOD PRESSURE	TEMPERATURE	DATE/TIME

See growth chart.

BF = Bright Futures Priority Item

History

BF ❑ Previsit Questionnaire reviewed
BF ❑ Child has a dental home
❑ Child has special health care needs

BF Concerns/questions raised by _____
❑ None ❑ Addressed (see other side)

BF Follow-up on previous concerns ❑ None ❑ Addressed (see other side)

BF ❑ Medication Record reviewed and updated

Social/Family History

BF **Family situation** ❑ Single Parent

BF Parents working outside home: ❑ Mother ❑ Father

BF Child care: ❑ Yes ❑ No Type _____
BF Preschool: ❑ Yes ❑ No _____
BF Changes since last visit _____

BF ❑ Tobacco Exposure

Review of Systems

BRIGHT FUTURES

☑ = NL

Date of last visit _____
Changes since last visit _____

Nutrition _____
❑ Nutrition, balanced, eats with family
Source of water _____ Vitamins/Fluoride _____
Elimination: ❑ NL _____
Toilet Training: ❑ Yes ❑ In process _____
Sleep: ❑ NL _____
Behavior/Temperament: ❑ NL _____
Physical activity Playtime (60 min/day) ❑ Yes ❑ No
Screen time (<2 hrs/day) ❑ Yes ❑ No
Parent-child interaction
Communication: ❑ NL _____
Choices: ❑ NL _____
Cooperation: ❑ NL _____
Appropriate responses to behavior: ❑ NL _____

Development (if not reviewed in Previsit Questionnaire)

❑ PHYSICAL DEVELOPMENT
*Builds tower (6-8 blocks)
*Stands on 1 foot
*Throws ball overhand
*Walks upstairs alternating feet
*Copies circle
*Draws person (2 body parts)
*Toilet trained during day

❑ COMMUNICATIVE
*2-3 sentences
*Usually understandable
*Names a friend

❑ SOCIAL-EMOTIONAL
*Self-care skills
*Imaginative play

❑ COGNITIVE
*Names objects
*Knows if boy or girl

(see other side for plan, immunizations and follow-up)

Physical Examination

☑ = Reviewed w/Findings **OR** ☑ NL = Reviewed/Normal

❑ GENERAL APPEARANCE _____ ❑NL
❑ SKIN _____ ❑NL
❑ HEAD _____ ❑NL
BF ❑ **EYES (red reflex, cover/uncover test)** _____ ❑NL
❑ EARS _____ ❑NL
❑ NOSE _____ ❑NL
❑ MOUTH AND THROAT _____ ❑NL
BF ❑ **TEETH (caries, white spots, staining)** _____ ❑NL
❑ NECK _____ ❑NL
❑ LUNG _____ ❑NL
❑ HEART _____ ❑NL
❑ ABDOMEN _____ ❑NL
❑ GENITALIA _____ ❑NL
BF ❑ **NEUROLOGIC (language, speech, social interaction)** _____ ❑NL
❑ EXTREMITIES _____ ❑NL
❑ MUSCULOSKELETAL _____ ❑NL
❑ HYGIENE _____ ❑NL
❑ BACK _____ ❑NL

BF Comments _____

Assessment

BF ❑ Well Child

Anticipatory Guidance

☑ = Discussed and/or handout given

❑ Identified at least one child and parent strength
❑ Raising Readers book given
❑ Counseled on nutrition and exercise
❑ Discuss 5-2-1-0, fast food, avoid juice/soda/candy
❑ Keep home/car smoke free

BRIGHT FUTURES

❑ FAMILY SUPPORT
- Show affection
- Manage anger
- Reinforce appropriate behavior
- Reinforce limits
- Find time for yourself

❑ ENCOURAGING LITERACY ACTIVITIES
- Read, sing, play
- Talk about pictures in books
- Encourage child to talk

❑ PLAYING WITH PEERS
- Encourage appropriate play
- Encourage fantasy play
- Encourage play with peers

❑ PROMOTING PHYSICAL ACTIVITY
- Family exercise, activities
- Limit screen time – maximum 1-2 hours/day
- No TV in bedroom

❑ SAFETY
- Car safety seat
- Supervise play near streets, cars
- Safety near windows
- Guns

3 Years WELL CHILD VISIT

NAME	Male / Female	Medical Record Number	DOB Actual age (months): O 35 O 36 O 37 O 38

Current Medications _____

_____

_____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ❑Yes ❑No
If no, immunizations given today. ❑Yes ❑No
ImmPact2 record reflects current immunization status: ❑Yes ❑No

_____

❑ Immunization plan/comments _____

_____

BF Laboratory/Screening results _____

_____

Hearing screen _____
❑Previously done Date completed _____
Vision screen _____
❑Previously done Date completed _____

PPD / Lead* / Anemia**

❑ PPD done (if exposure risk) / date done _____ / _____ / _____
PPD result if done ❑ Neg ❑ Pos
PPD plan/comments _____
❑ Lead drawn in office
❑ Lead test ordered / date done _____ / _____ / _____
Lead results _____
Lead range ❑ <10 ❑ 10-14 ❑ 15-19 ❑ >19
Lead plan/comments _____
❑ Hgb/Hct ordered / date done _____ / _____ / _____
Hgb/Hct result: Hgb _____ Hct _____ ❑ Referral at 6 months if still anemic
Hgb/Hct plan/comments _____
❑ Hgb/Hct results shared with WIC

**All children enrolled in MaineCare should be lead tested at 1 year old and at 2 years old. All other children should be tested at these ages, unless lead risk assessment indicates they are not at risk for lead exposure.*
***WIC recommends anemia testing at 9-12 months with re-test in 6 months (15 to 18 months). If normal, re-test annually to age 5. If abnormal, re-test every 6 months; convert to annual testing once normal result is obtained. WIC may perform anemia testing.*

Oral Health

Oral health risk assessment	❑Completed	❑Low ❑Mod ❑High
Has a dental home		❑Yes ❑No
Dental fluoride varnish applied		❑Yes ❑No
Dental Visit in Past Year		❑Yes ❑No
Well water testing		❑Yes ❑No

MaineCare Member Support Requested

❑ Transportation to appointments
❑ Find dentist
❑ Find other provider
❑ Make doctor's appointment
❑ **Public Health Nurse referral**
❑ Family aware

_____

_____

_____

_____

_____

_____

BF Referral to _____

_____

BF Follow-up/Next Visit _____

_____

Narrative Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

EXAMINER'S SIGNATURE	DATE

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Mary C. Mayhew, Commissioner